

**MOTOROLA**

Patents Operations, Law Department

**FACSIMILE TRANSMITTAL SHEET****RECEIVED  
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**9** Number of Pages (Including this page)

Applicant(s)	John M. Belcea	Group Art Unit:	2661
Application No.:	09/847,169	Examiner:	Sam, Phirin
Filed:	May 3, 2001	Confirmation No.	2562
Title:	TIME DIVISION PROTOCOL FOR AN AD-HOC, PEER-TO-PEER RADIO NETWORK HAVING COORDINATING CHANNEL ACCESS TO SHARED PARALLEL DATA CHANNELS WITH SEPARATE RESERVATION CHANNEL		
Docket Date	January 27, 2006	Attorney Docket No.:	MESH009

Enclosed herewith, please find the following documents for filing in the above-identified application:

Transmittal Form	- 1 page
Power of Attorney executed by MeshNetworks, Inc.	- 1 page
Power of Attorney/Change of Address	- 1 page
Statement under 37 CFR 3.73(b)	- 1 page
Fee Transmittal	- 1 page, with authorization to charge fees
Response	- 2 pages
Terminal Disclaimer	- 1 page

**CERTIFICATE OF FACSIMILE TRANSMITTAL**

I hereby certify that this correspondence, with enclosures, is being facsimile transmitted to the United States Patent and Trademark Office, at (571) 273-8300 Centralized Facsimile, addressed to :Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below:

/Vernice V. Freebourne

January 11, 2006

/Date

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/847,169
		Filing Date	May 3, 2001
		First Named Inventor	John M. Belcea
		Group Art Unit	2661
		Examiner Name	Phirin Sam
Total Number of Pages in this Submission		Attorney Docket Number	MESH009

  

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Statement under 37 CFR 3.73(b) Power of Attorney executed by MeshNetworks, Inc. Facsimile Transmittal Sheet
Remarks		

  

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Randi L. Karpinia	Registration No.	46,148
Signature	<i>Randi L. Karpinia</i>		
Date	January 11, 2006		

  

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	Vernice V. Freebourne
Signature	<i>Vernice V. Freebourne</i>
Date	January 11, 2006

JAN 11 2006

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/>		Application Number	09/847,169
		Filing Date	May 3, 2001
		First Named Inventor	John M. Belcea
		Examiner Name	Phirin Sam
		Group Art Unit	2661
TOTAL AMOUNT OF PAYMENT		(\$)	130.00
METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 502117    Deposit Account Name: MOTOROLA, INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
<b>FILING FEES</b>		<b>SEARCH FEES</b>	
<b>EXAMINATION FEES</b>			
<u>Application Type</u> Utility Design Plant Reissue Provisional	<u>Fee (\$)</u> 300 200 200 300 200	<u>Small Entity Fee (\$)</u> 150 100 100 150 100	<u>Small Entity Fee (\$)</u> 500 100 300 500 0
<u>Small Entity Fee (\$)</u> 250 50 150 250 0	<u>Fee (\$)</u> 200 130 160 600 0	<u>Small Entity Fee (\$)</u> 100 65 80 300 0	<u>Fees Paid (\$)</u> - - - - -
<b>2. EXCESS CLAIM FEES</b>			
<u>Fee Description</u> Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims		<u>Fee (\$)</u> 50 200 360	<u>Small Entity Fee (\$)</u> 25 100 180
Total Claims - 20 or HP= <input type="text"/> x <input type="text"/> = <input type="text"/>		Multiple Dependent Claims Fee (\$) <input type="text"/>	
Fee Paid (\$) <input type="text"/>		Fee Paid (\$) <input type="text"/>	
Indep. Claims - 3 or HP= <input type="text"/> x <input type="text"/> = <input type="text"/>		Fee Paid (\$) <input type="text"/>	
<b>3. APPLICATION SIZE FEE:</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets - 100 = <input type="text"/> / 50 = <input type="text"/> (round up to a whole number) x <input type="text"/> = <input type="text"/>		Fee Paid (\$) <input type="text"/>	
<b>4. OTHER FEE(S)</b>			
Terminal Disclaimer			Fee Paid (\$) \$130.00
<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	Randi L. Karpinia	Registration No.	46,148
Signature	<i>Randi L. Karpinia</i>	Telephone	954-723-6449
		Date	January 11, 2006